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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/517,359	07/27/2005	Michael Ernest Levey	MARK5958	5573	
22430 YOUNG LAW	7590 05/16/200 FIRM, P.C.	8	EXAMINER IFAN-LOUIS SAMIRA IM		
ALAN W. YOUNG			JEAN-LOUIS, SAMIRA JM		
4370 ALPINE ROAD SUITE 106		ART UNIT	PAPER NUMBER		
PORTOLA VALLEY, CA 94028			1617		
			MAIL DATE	DELIVERY MODE	
			05/16/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/517,359	LEVEY ET AL.	
interview Summary	Examiner	Art Unit	
	SAMIRA JEAN-LOUIS	1617	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Samira Jean-Louis</u> .	(3)		
(2) <u>Alan W. Young</u> .	(4)		
Date of Interview: <u>08 May 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Examiner contacted Attorney Restriction requirement</u> . <u>Attorney Young called back and second</u> (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no contacted the second seco	rney Young to inquire if a respectate that the case was abando ments which the examiner ag	oonse was filed to ned by client. reed would rende	o the er the claims
allowable is available, a summary thereof must be attached		rodia romaon ano	olaiiio
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OBYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)